Primary Care and Opportunity in New York

Eliminating Geographic Disparities in Primary-Care Services

Primary health-care services, such as regular checkups and non-emergency care, are crucial to keeping people healthy and preventing illness. Additionally, primary care ensures that people enjoy full access to life opportunities. Without access to timely high-quality primary care, people risk complications from illness that reduce productivity and increase financial insecurity, which are costly to everyone. Most alarming, a lack of access to primary care can lead to early or premature death.

By investing in primary care, we can achieve *striking improvements* in the health of low income, minority, and medically underserved communities. In addition, many studies show that adequate and comprehensive primary care can lead to significant savings in overall health-care costs, better health outcomes, and a considerable reduction in health and health-care disparities.[1]

In New York City where you live affects your access to health care. Primary-care services are clustered in high-income communities, while low-income communities of color face a serious shortage of primary-care providers. In many cases primary-care services are linked to community hospitals and clinics. Closure of these facilities will lead to a greater shortage of primary-care providers in already underserved neighborhoods and could worsen existing geographic disparities. If the current imbalance in the availability of primary-care services in New York City increases—due to bankruptcies and the state's pending recommendations for hospital downsizing and closures—it will contribute to higher health-care costs for all and weaken public institutions upon which New Yorkers depend.

While there have been attempts to improve primary-care access, many communities continue to have inadequate access. New York State is in the midst of a health-care modification effort that includes the establishment of a Commission on Health Care Facilities in the 21st Century; investment in the development of health information technology reforms; the renewal of the state's Section 1115 Medicaid demonstration, the Partnership Plan; and the creation of the New York Charitable Assets Foundation. Nevertheless, *not one* of these initiatives directly addresses primary-care reform.[2] It is time to invest in the future of all New Yorkers by investing in adequate primary health care for all.

This fact sheet describes the risks associated with the lack of primary care, and how we can improve the health of all families by increasing access to such care. With the accompanying maps, we demonstrate that the inequitable distribution of primary-care services is affecting all of New York City and that much can be done to fix it.

New York
568 Broadway
Suite 302
New York, NY 10012
Tel: 212.334.4202
Fax: 212.334.2656

Washington, DC
2000 Florida Avenue NW
Suite 210
Washington, DC 20009
Tel: 202.387.2829 ext. 101
Fax: 301.576.5780

Primary-Care Availability, Poverty, and Avoidable Illness in New York City

Figure 1 displays the distribution of primary-care providers in New York City in relation to the percentage of people living at 200% of poverty ($39,042 annually for a family of four) or below in each zip code.[3] This map demonstrates that many low-income communities have a low density of primary-care providers relative to communities with a lower concentration of low-income residents. This is not surprising, given that neighborhoods with a higher concentration of low-income residents have the least resources to attract providers. But, disturbingly, these communities all too often have a greater need for primary-care services.

As shown in Figure 2, low-income communities often have high rates of common preventable illnesses, known as ambulatory-care sensitive (ACS) conditions. ACS conditions are medical conditions and diseases—such as diabetes, asthma, and heart disease—that can be easily prevented, treated, and managed through primary care. Yet communities with high rates of ACS conditions often have the lowest density of primary-care providers. For example, residents of zip code 10035 in East Harlem have a rate of about 6 primary-care doctors for every 10,000 people. People who live in this community have some of the highest rates of ACS conditions, such as diabetes, in New York City: an average rate of 2,007 per 100,000 residents annually. Still, there are few primary-care physicians practicing in the community, in which 70% of residents live at 200% of poverty or below. This means that a large proportion of residents must either travel to other neighborhoods for care or not receive the care they need. And given the barriers to accessing care these residents face—including inadequate access to health insurance, cultural and language barriers, and increased time and distance to care—many are likely to go without the care they need. On the other hand, residents of zip code 10021, in the Upper East Side neighborhood, have 67 primary-care physicians for every 10,000 people, and ACS conditions average 269 per 100,000.

What Is Primary Care?

Primary care is based on a sustained relationship between a patient and his or her health-care provider or team of providers. Accessibility, comprehensiveness, and health management are key elements of primary care.[4] The modern vision of primary care is that of a "medical home"—this "home" integrates and implements four vital functions including:

- First contact care—or the door on which the patient knocks to initiate help;
- Comprehensive care that addresses a full spectrum of preventive, acute, and chronic health-care needs;
- Longitudinal care that offers sustained relationships between patients and health-care providers;
- A home base from which other accommodations such as specialists and other care needs can be arranged.[5]

Benefits of Primary Care Reach All Communities

Adequate and comprehensive primary care for all has many benefits. Through primary prevention, early diagnosis and treatment, and ongoing control and management of diseases, primary-care services improve the quality of life for all people. Proper management of common illnesses—such as diabetes, asthma, and heart disease—through regular visits to quality primary-care physicians can greatly reduce, and even eliminate, the possibility of complications and the need for emergency medical attention and hospitalization.[6]

High-quality primary care also has several other benefits. It can:

- Reduce cancer and stroke mortality rates, infant mortality, and low birth weight.
- Decrease the need for prescriptions and diagnostic tests.
- Lower mortality rates for asthma,

New York
568 Broadway
Suite 302
New York, NY 10012
Tel: 212.334.4202
Fax: 212.334.2656

Washington, DC
2000 Florida Avenue NW
Suite 210
Washington, DC 20009
Tel: 202.387.2829 ext. 101
Fax: 301.576.5780

bronchitis, emphysema, cardiovascular disease, and heart disease.
- Lessen health differentials between rich and poor communities and improve health-care equity.
- Decrease the overall cost of care. In New York State alone, hundreds of millions of tax dollars could be saved, if adequate primary care were delivered to the underserved.[7]

Barriers to Primary Care

There are numerous barriers to people's **[note: "receiving" is better with a subject]** receiving adequate and comprehensive primary care, many of which disproportionately affect low-income and minority populations.[8] Barriers include:
- Geographic inaccessibility, such as:
  - A shortage of medical facilities and health-service providers in neighborhoods with large minority populations and concentrated poverty;
  - Increased travel time to providers; and
  - Lack of private transportation and slow or difficult public transportation systems.[9]
- Hospital closures. The closure of many community hospitals and their affiliated outpatient departments limits access to care for people who rely on hospital-based physicians, emergency departments, and providers at affiliated clinics.[10]
- Lack of insurance. People who are uninsured are 82% more likely than people with private insurance to be hospitalized for illnesses, like diabetes, that should not require hospitalization.[11]
- Problems with scheduling appointments. Clinics have inconsistent telephone availability, and patients endure long telephone waiting times. Patients do not feel welcome, and are offered few, if any, weekend and evening appointments.[12]
- Language barriers.[13]

Costs and Risks of Not Receiving Primary Care

Groups at risk for not receiving primary care struggle with health-care insecurity and must deal with the significant human and economic costs that accompany inadequate care. These groups include: ethnic and racial minorities,[14] populations of low socioeconomic status,[15] children from poor single-parent households and households headed by less educated adults,[16] substance abusers,[17] the uninsured,[18] people who rely on public insurance (e.g., Medicaid) rather than private insurance,[19] and residents of urban neighborhoods with large minority populations and/or concentrated poverty.[20] The lack of comprehensive primary care is associated with increased economic costs and negative health outcomes including:
- Use of emergency departments for conditions that could be managed efficiently and effectively in a primary-care setting.[21]
- Use of emergency departments as a usual source for sick care.[22]
- High rates of hospitalization for ACS conditions that could be effectively and efficiently managed in a primary-care setting.[23]
- Unnecessary illness leading to loss of productivity and costly hospitalization.[24]
- Increased rates of poor health for communities that lack adequate primary-care services.[25]

New York
568 Broadway
Suite 302
New York, NY 10012
Tel: 212.334.4202
Fax: 212.334.2656

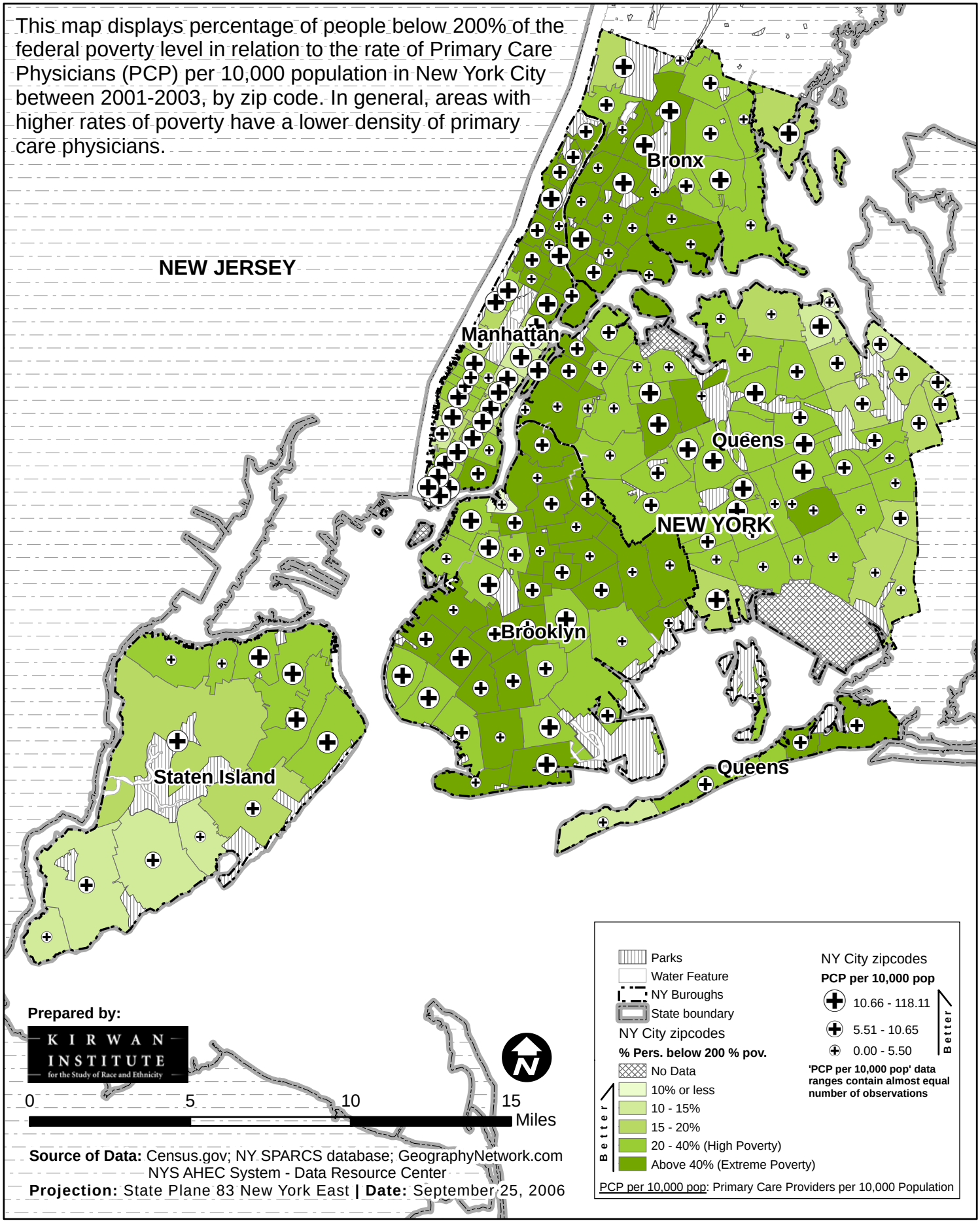
Washington, DC
2000 Florida Avenue NW
Suite 210
Washington, DC 20009
Tel: 202.387.2829 ext. 101
Fax: 301.576.5780

Figure 1

NEW YORK CITY, NY
PRIMARY CARE PHYSICIANS AND POVERTY

The Opportunity Agenda

This map displays percentage of people below 200% of the federal poverty level in relation to the rate of Primary Care Physicians (PCP) per 10,000 population in New York City between 2001-2003, by zip code. In general, areas with higher rates of poverty have a lower density of primary care physicians.



Prepared by:

KIRWAN INSTITUTE for the Study of Race and Ethnicity

Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com
NYS AHEC System - Data Resource Center

Projection: State Plane 83 New York East | **Date:** September 25, 2006

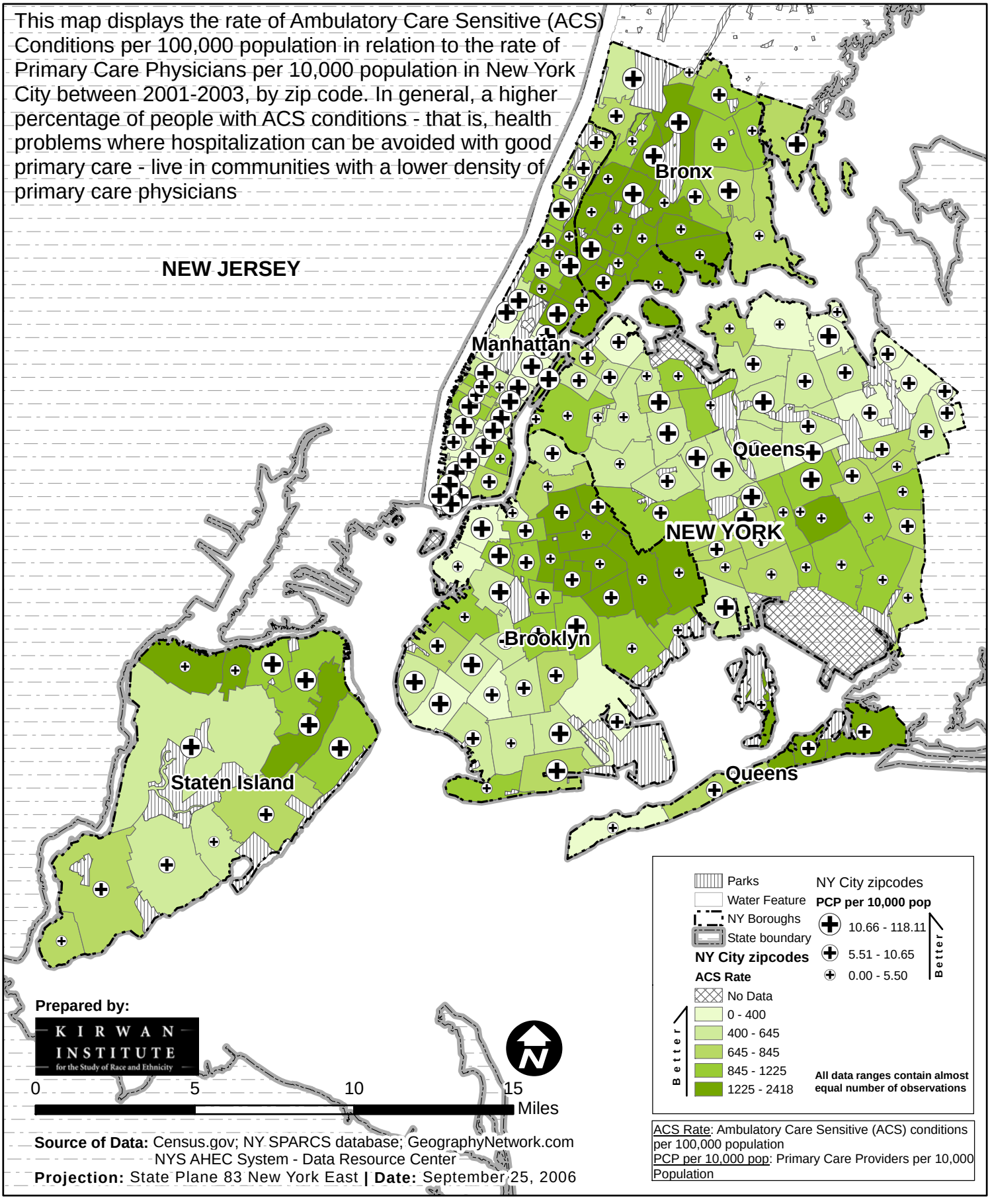
Figure 2

NEW YORK CITY, NY

PRIMARY CARE PHYSICIANS AND AMBULATORY CARE SENSITIVE CONDITIONS

The Opportunity Agenda

This map displays the rate of Ambulatory Care Sensitive (ACS) Conditions per 100,000 population in relation to the rate of Primary Care Physicians per 10,000 population in New York City between 2001-2003, by zip code. In general, a higher percentage of people with ACS conditions - that is, health problems where hospitalization can be avoided with good primary care - live in communities with a lower density of primary care physicians



Source of Data: Census.gov; NY SPARCS database; GeographyNetwork.com
NYS AHEC System - Data Resource Center

Projection: State Plane 83 New York East | **Date:** September 25, 2006

ACS Rate: Ambulatory Care Sensitive (ACS) conditions per 100,000 population
PCP per 10,000 pop: Primary Care Providers per 10,000 Population

Conclusions and Recommendations

The need for primary-care providers is growing. Increasing numbers of families, including those with full-time workers, lack health insurance, as businesses drop health benefits because of rapidly escalating costs. Moreover, many families live at or below the poverty line, with a rapidly growing number living in conditions of severe poverty. These communities are at higher risk for illness and health problems, and will increasingly turn to community health-care institutions for needed primary-care services.

Several policy steps are necessary to expand and ensure equitable access to primary care. State, federal, and local governments should:

- Provide universal health care. The most direct and efficient way to improve access to primary care is through universal health-insurance coverage.[26]
- Address geographic barriers and spatial inequalities in the distribution of primary-care resources. Efforts to expand the primary-care infrastructure must follow from a thorough assessment of community needs, including an assessment of cultural, linguistic, and health-care service needs.
- Increase government investment in community health centers and other community-based programs.
- Promote collaborations among local health departments, hospitals, and academic medical centers, which can create a foundation for improved services for underserved populations.[27]
- Halt further erosion in primary-care capacity, especially health services for populations at risk for not receiving adequate primary care. These actions can be accomplished through private investment incentives for improvements in quality of care.[28]
- Encourage the investment of capital in the primary-care infrastructure. Focus should be placed on facilities, equipment, and health information technology, as well as performance improvements.[29]
- Promote the development of a diverse culturally competent primary-care workforce.[30]

Recognize costs and guarantee adequate financial support for primary health care.[31]

---

[1] S. Rosenbaum, P. Shin, and R. Perez Trevino Whittington, *Laying the Foundation: Health System Reform in New York State and the Primary Care Imperative* (New York: 2006), 6, http://www.chcanys.org/index.php?src=news&prid=13 (accessed June 30, 2006).
[2] Ibid., 14–15.
[3] U.S. Census Bureau, "Income, Poverty, and Health Insurance Coverage in the United States: 2005," Appendix B: Estimates of Poverty, August 2006, http://www.census.gov/prod/2006pubs/p60-231.pdf.
[4] D. Gelb Safran, "Defining the Future of Primary Care: What Can We Learn from Patients?" *Annals of Internal Medicine* 138, no. 3 (February 4, 2003): 248.
[5] K. Grumbach and T. Bodenheimer, "A Primary Care Home for Americans," *The Journal of the American Medical Association* 288, no. 7 (August 21, 2002): 889; Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 7–9.
[6] Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 10; J. Caminal et al., "The Role of Primary Care in Preventing Ambulatory Care Sensitive Conditions," *European Journal of Public Health* 14, no. 3 (2004): 246–51.
[7] Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 9–10.
[8] Ibid.; L. Shi and B. Starfield, "The Effect of Primary Care Physician Supply and Income Inequality on Mortality among Blacks and Whites in U.S. Metropolitan Areas," *American Journal of Public Health* 91, no. 8 (August 2001): 1249; J. Farley, "Spatial Mismatch and Access to Physicians among African Americans," *The Edwardsville Journal of Sociology* 4 (2004): 2–9.
[9] Farley, " Spatial Mismatch and Access to Physicians," 2–9; Council on Graduate Medical Education, *Tenth Report: Physician Distribution and Health Care Challenges in Rural and Inner-City Areas* (Washington, D.C.: U.S. Department of Health and Human Services, February 1998), 29–30, http://www.cogme.gov/rpt10.htm (accessed June 30, 2006).
[10] Council on Graduate Medical Education, *Tenth Report*, 35.

New York
568 Broadway
Suite 302
New York, NY 10012
Tel: 212.334.4202
Fax: 212.334.2656

Washington, DC
2000 Florida Avenue NW
Suite 210
Washington, DC 20009
Tel: 202.387.2829 ext. 101
Fax: 301.576.5780

[11] M. Gusmana, V. Rodwin, and D. Weisz, "A New Way to Compare Health Systems: Avoidable Hospital Conditions in Manhattan and Paris," *Health Affairs* 25, no. 2 (March/April 2006): 517.
[12] S. Teach et al., "Spatial Accessibility of Primary Care Pediatric Services in an Urban Environment: Association with Asthma Management and Outcome," *Pediatrics* 117, no. 4 (April 2006): 583; K. Lasser et al., "Missed Appointment Rates in Primary Care: The Importance of Site of Care," *Journal of Health Care for the Poor and Underserved* 16, no. 3 (August 2005): 484.
[13] Lasser et al., "Missed Appointment Rates in Primary Care," 475–85.
[14] Gusmana, Rodwin, and Weisz, "A New Way to Compare Health Systems," 517; Shi and Starfield, "The Effect of Primary Care Physician Supply," 1249; Farley, "Spatial Mismatch and Access to Physicians," 2; Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 21.
[15] Ibid.
[16] N. Halfon et al., "Routine Emergency Department Use for Sick Care by Children in the United States," *Pediatrics* 98, no. 1 (July 1996): 31.
[17] Lasser et al., "Missed Appointment Rates in Primary Care," 484.
[18] Gusmana, Rodwin, and Weisz, "A New Way to Compare Health Systems," 517.
[19] Ibid.
[20] Farley, "Spatial Mismatch and Access to Physicians," 2–9; Council on Graduate Medical Education, *Tenth Report*, 29–30.
[21] Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 21.
[22] Halfon et al., "Routine Emergency Department Use for Sick Care," 28–34.
[23] Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 21.
[24] Gusmana, Rodwin, and Weisz, "A New Way to Compare Health Systems," 519.
[25] Because studies have emphasized the fact that communities with greater primary-care presence are likely to enjoy better health, the opposite—communities that lack primary-care services have increased rates of poor health—can be assumed; Shi and Starfield, "The Effect of Primary Care Physician Supply," 1248.
[26] Council on Graduate Medical Education, *Tenth Report*, xiii.
[27] Ibid., xiv, xv.
[28] Rosenbaum, Shin, and Whittington, *Laying the Foundation*, 30.
[29] Ibid., 31.
[30] Ibid., 32.
[31] Ibid., 31.

New York
568 Broadway
Suite 302
New York, NY 10012
Tel: 212.334.4202
Fax: 212.334.2656

Washington, DC
2000 Florida Avenue NW
Suite 210
Washington, DC 20009
Tel: 202.387.2829 ext. 101
Fax: 301.576.5780